



Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR COLEEN J. SENG

[www.ci.lincoln.ne.us](http://www.ci.lincoln.ne.us)

October 21, 2003

Mayor Seng and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of Lincoln Steak Company LLC., d.b.a. Whiskey Creek Steakhouse, 3000 Pine Lake Road requesting a class C liquor license.

Whiskey Creek Steakhouse currently has liquor licenses in the states of Nebraska, Kansas, Missouri, Iowa, Arizona and Florida.

Whiskey Creek Steakhouse has requested that Kelly Maxfield be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Kelly Maxfield was born in Iowa City, Iowa. He attended Marshalltown High School graduating in 1989.

Kelly Maxfield employment history is as follows:

Present	Manager, Whiskey Creek	Lincoln, NE.
1996 - 2003	Manager, Applebee's	Lincoln, NE.
1987 - 1996	Manager, Golden Corral	Lincoln, NE

Mr. Maxfield has completed the manager's responsible alcohol service training.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



*Lucas***CLINE, WILLIAMS, WRIGHT, JOHNSON & OLDFATHER, L.L.P.**

1900 U.S. Bank Building

233 South 13<sup>th</sup> Street

Lincoln, NE 68508-2095

(402) 474-6900

Fax (402) 474-5393

**COPY****FAX COVER SHEET**

DATE: October 15, 2003

CLIENT/MATTER NUMBER: GAJ06-CB030

FROM: Patti A. Dittmann

NUMBER OF PAGES: Cover Sheet +0

TO: Mary Messman

ORGANIZATION: Nebraska Liquor License Commission

FAX NUMBER: 471-2814

*APPL  
#61455*

COMMENTS: **Mary.....I have been contacted by our client that the correct address for the new Whiskey Creek Steakhouse in Lincoln is 3000 Pine Lake Road and not 3010 Pine Lake Road as it appears on the liquor license application. I apologize for any inconvenience this might cause you. If you have any questions, do not hesitate to call. Thank you.**

## ORIGINALS FORWARDED:

_____	Overnight Courier	_____	Originals <u>Not</u> Forwarded
_____	( )		
_____	First Class Mail		
_____	UPS		
_____	Hand Delivery		

If you have difficulty in receiving this message, please telephone our offices at (402) 474-6900.

This facsimile contains confidential information intended only for the use of the addressee named above, and may contain information which is legally privileged. If you are not the addressee or a properly empowered agent of the addressee, you are hereby notified that reading, disseminating, distributing or copying this facsimile is strictly prohibited. If you have received this facsimile and are not the addressee or a properly empowered agent of the addressee, please notify us by telephone immediately and return the original to us by first class U.S. mail at the address above. We will promptly reimburse postage.

L0570821.1

*CC: City Clerk  
Enforcement - Troop 9300  
Fox Inspector  
Ag Inspector  
File*

Liquor License Investigation

Business (DBA) Whiskey Creek

☒ Manager      Owner      Other ☐

Name: Kelly Maxfield

US Citizen ?      ☒ Yes      No

Has applicant ever been cited for liquor law violations ? ☒ No      Yes  
Explain \_\_\_\_\_

Does applicant have an interest in another liquor license ? ☒ No      Yes  
Explain \_\_\_\_\_

Is spouse qualified to hold a license ? ☒ Yes      No      N/A

How is applicant if not an owner to be paid ? ☒ Salary      Hourly

How many hours will applicant be at the establishment ? 50+

Any other employment ? ☒ No      Yes, explain \_\_\_\_\_

Any previous experience with a liquor license ? ☒ Yes      No

Any criminal convictions ? ☒ No      Yes  
Comments \_\_\_\_\_

Is applicant a property owner in Lincoln ? ☒ Yes      No

Is applicant involved in any civil litigation ? ☒ No      Yes  
Comments \_\_\_\_\_

☒ Photo      ☒ Records Check      ☒ References

Comments \_\_\_\_\_

Interview Date 10/21/03

Building 74' x 68'  
plus enclosed patio area

# STATE OF NEBRASKA

Set date 10/20

PH: 11-3-03



Mike Johanns  
Governor

FILED  
CITY CLERK'S OFFICE  
'03 OCT 16 PM 12 29  
CITY OF LINCOLN  
NEBRASKA

## NEBRASKA LIQUOR CONTROL COMMISSION

Forrest D. Chapman

Executive Director

301 Centennial Mall South, 5th Floor

P.O. Box 95046

Lincoln, Nebraska 68509-5046

Phone (402) 471-2571

Fax (402) 471-2814

TRS USER 800 833-7352 (TTY)

web address: <http://www.nol.org/home/NLCC/>

October 14, 2003

Office of the City Clerk  
555 So 10<sup>th</sup> Street - Suite 103  
Lincoln NE 68508

RE: "Whiskey Creek Steakhouse"

118169  
178

Dear Local Governing Body:

CLASS C

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

### TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose **NOT** to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body.
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE...A LICENSEE MUST BE "PROPERLY" LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS; AND, A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION

Mary Messman

Mary Messman  
Licensing Division

Enclosures

Rhonda R. Flower  
Commissioner

Bob Logsdon  
Chairman

R.L. (Dick) Coyne  
Commissioner

An Equal Opportunity/Affirmative Action Employer

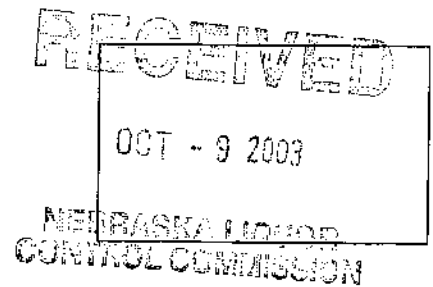
Printed with soy ink on recycled paper

10-21-03

FORM 35-4001  
REV. 12/99

**APPLICATION FOR LICENSE**  
 Nebraska Liquor Control Commission  
 PO Box 95046,  
 301 Centennial Mall South  
 Lincoln, NE 68509-5046

<http://www.nol.org/home/NI.CC/>  
 Phone: (402) 471-2571  
 Fax: (402) 471-2814



**INSTRUCTIONS:** Include: 1. Applicable fees payable to Liquor Control Commission 2. Copy of birth certificate or naturalization papers proving U.S. citizenship for each individual and spouse named on application (not required of corporations or spouse(s) who file an affidavit of no interest with application, Commission form 4178 3. Corporations must include copy of articles of incorporation as filed with the Secretary of States office in the state of Nebraska 4. Commission checklist, form 4251 5. Fingerprint cards and processing fees (are required of individuals, all partners and spouses. Corporate applicants must file for CEO/Manager & stockholders holding over 25% stock 6. All applications must be typewritten or printed clearly 7. Submit in **Triplicate** 8. Required areas marked by a red asterisk ( \* )

**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND LIST OF FEES FOR EACH**

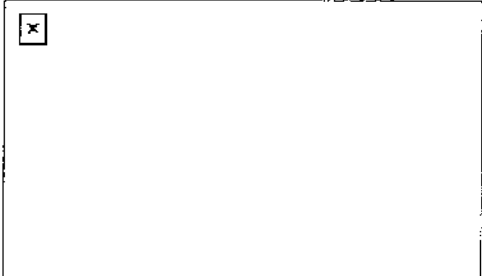
Class of License (Check applicable class) *	Registration Fee	License Fees	Corporate Surety Bond *send copy
<input type="checkbox"/> A Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> F Beer, On Sale Only - Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> B Beer, Off Sale Only - Inside/Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> J Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> I Spirits, Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> D Spirits, Wine, Beer, Off Sale Only - Inside Corporate Limits	\$45.00	\$150.00	exempt
<input type="checkbox"/> D1 Spirits, Wine, Beer, Off Sale Only - within extraterritorial zoning jurisdiction	\$45.00	\$150.00	exempt
<input checked="" type="checkbox"/> C Spirits, Wine, Beer On & Off Sale - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> M Bottle Club (Spirits, Wine, Beer, On Sale)	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> H Nonprofit Corporation	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> K Wine Only, Off Sale	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> O Boat	\$45.00	\$50.00	exempt
<input type="checkbox"/> V Manufacturer of Beer, Wine & Distilled Spirits	\$45.00	Varies \$100 to \$1,000	*\$10,000 min.
<input type="checkbox"/> X Wholesale Liquor	\$45.00	\$500.00	*\$ 5,000 min.
<input type="checkbox"/> W Wholesale Beer	\$45.00	\$250.00	*\$ 5,000 min.
<input type="checkbox"/> Y Farm Winery	\$45.00	\$250.00	*\$ 1,000 min.
<input type="checkbox"/> L Craft Brewery (Brew Pub)	\$45.00	\$250.00	*\$ 1,000 min.

TYPE OF APPLICATION *	NAME OF PERSON ASSISTING WITH APPLICATION
Type of application being applied for (check appropriate box)  1. <input type="radio"/> Individual License requires Form 1 to be attached. 2. <input type="radio"/> Partnership License requires Form 2 to be attached. 3. <input checked="" type="radio"/> Corporate License requires Forms 3 and Manager Application to be attached	Name Patti A. Dittmann  Firm Name Cline Williams Law Firm Address 1900 US Bank Bldg., Lincoln, NE

SECTION A – LOCATION INFORMATION – Must be completed by all applicants			
Trade Name (name of business) Whiskey Creek Steakhouse		Telephone Number at premise to be licensed 402-423-4499	
1) Street Address of Proposed licensed premise 3010 Pine Lake Road		2) Mailing Address for receipt of Liquor Control Commission mailings P.O. Box 1630	
City Lincoln	County Lancaster	City Kearney	County Buffalo
Zip Code 68516	Is this located inside the city limits? <input checked="" type="radio"/> Yes <input type="radio"/> No	Zip Code 68848	

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations where only a portion of the entire bldg. is to be covered by the license. No blue prints will be accepted. Be sure to indicate the direction North and number of floors of the building.



Example: East portion approximately 50' x 100' of main floor of 3 story building plus basement. Approximately 30' x 50' at the East end.

See attached copy of site plan

SECTION B		OTHER INFORMATION REQUIRED *	
	Yes	No	Explanation/Comments Note: Only what is visible on screen will be printed
1. READ CAREFULLY. Answer completely and accurately.  Has anyone who is a party to this application, or their spouse, ever been convicted of or pled guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. Include any DWIs or DUIs. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required).	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license? If yes, attach copy.	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.	Yes <input checked="" type="radio"/>	No <input type="radio"/>	First National Bank & Trust Minden, NE
5. Will any person or entity other than licensee be entitled to a share of the profits of the establishment? If yes, explain.	Yes <input type="radio"/>	No <input checked="" type="radio"/>	

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain?	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
8. Are the premises to be licensed within 150 ft. of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft. of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Per Sec. §53-177.	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the persons exact duties.	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the person(s) who will be authorized to write checks and/or make withdrawals on accounts at such institutions.	Pinnacle Bank Lincoln, NE  Kelly Maxfield James K. Gardner		
11. List all past and present liquor licenses held by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.	See attached list		
12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.	Kelly Maxfield 50 hours per week		



3. List the training and experience of the person listed in #12 above in connection with selling and/or serving alcohol products.	General manager of Applebee's in Lincoln, NE for approx. 7 yrs. Responsible Service of Alcohol program TIPS
4. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership, if leased submit a copy of the lease covering the entire license year. Documents must show title or lease held interest in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed)	See attached
5. When do you intend to open for business?	November 8, 2003

6. List the principal residence for the past 10 years for all persons required to sign application. If necessary attach a separate sheet.			
NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)
James K. Gardner	1989	2003	Kearney, Nebraska

The undersigned applicant(s) hereby consent(s) to a background investigation and release of present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and/or inaccurate.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public. Must be signed by applicant and spouse; if a partnership, all partners and spouses must sign and incorporation, all stockholders (holding more than 25% of the stock), officers, directors and spouses must sign. Full names only, initials not acceptable.

Signature \_\_\_\_\_

Sign Here \_\_\_\_\_

RECEIVED

Signature \_\_\_\_\_

Sign Here \_\_\_\_\_

OCT - 9 2003

Signature \_\_\_\_\_

Sign Here \_\_\_\_\_

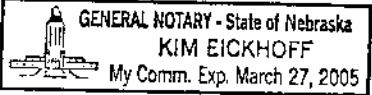
NEBRASKA LIQUOR CONTROL COMMISSION

Signature \_\_\_\_\_

Sign Here \_\_\_\_\_

Subscribed in my presence and sworn to before me this 29 day of Sept, 2003

(SEAL)



In compliance with ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternative format.

Sign here \_\_\_\_\_

Notary Public Signature \_\_\_\_\_

Verify & Print form

**CLINE, WILLIAMS, WRIGHT, JOHNSON & OLDFATHER, L.L.P.**

1900 U.S. Bank Building  
233 South 13<sup>th</sup> Street  
Lincoln, NE 68508-2095  
(402) 474-6900  
Fax (402) 474-5393

**FAX COVER SHEET**

DATE: October 13, 2003

CLIENT/MATTER NUMBER: GAJ06-CB030

FROM: Patti A. Dittmann

NUMBER OF PAGES: Cover Sheet +1

TO: Mary Messman

ORGANIZATION: Nebraska Liquor License Commission

FAX NUMBER: 471-2814

COMMENTS: **Mary.....as requested, attached is a fax signature page for the Whiskey Creek Steakhouse (Lincoln Steak Company, L.L.C.) showing the signature of Jim Gardner's spouse, Susan Gardner. The dimensions of the restaurant building as given to me are 94 ft. x 68 ft. and the outside patio area is 24 ft. x 14 ft. If you have any further questions, do not hesitate to contact me.**

**ORIGINALS FORWARDED:**

_____	Overnight Courier	_____	Originals <u>Not</u> Forwarded
_____	( )		
_____	First Class Mail		
_____	UPS		
_____	Hand Delivery		

If you have difficulty in receiving this message, please telephone our offices at (402) 474-6900.

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OCT. 13. 2003 11:15AM  
OCT-10-03 FRI 04:00 PM

CLINE WILLIAMS  
NOTARY PUBLIC

FAX NO. 3082379539 NO. 267 P. 2P. 02

Oct 10 03 09:01a

Jim Gardner

308-338-8076

P. 2

OCT-09-03 THU 04:04 PM

ROI/WILD WEST

FAX NO. 3082379539

P. 02

OCT. 9. 2003 3:55PM

CLINE WILLIAMS

NO. 253 P. 2

Page 6 of 6

Application for License

The undersigned applicant(s) hereby consents to a background investigation and release of present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued based on the information submitted in this application is subject to cancellation if the information contained herein is incomplete and/or inaccurate.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved owner(s) will supervise in person the management and operation of the business. Partnership applicants agree one partner shall supervise the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public. Must be signed by applicants and spouse; if a partnership, all partners and spouses must sign and corporation, all stockholders (holding more than 25% of the stock), officers, directors and spouses must sign. Full names only, initials not acceptable.

Sign  
Here

Sign  
Here

Sign  
Here

Sign  
Here

Sign  
Here

Sign  
Here

Sign  
Here

Sign  
Here

Subscribed in my presence and sworn to before me this 29 day of Sept, 2003

(SEAL)



In compliance with ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternative format.

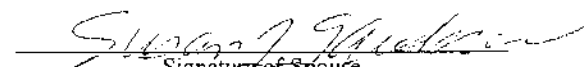
Sign  
Here

*Kim Eickhoff*  
Notary Public Signature

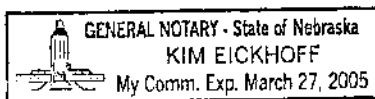
FORM 35-4010  
1  
REV 1/01

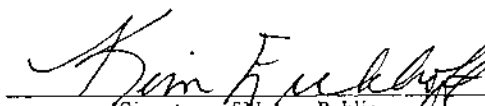
**NEBRASKA LIQUOR CONTROL COMMISSION  
AFFIDAVIT OF NON PARTICIPATION**

The undersigned individual acknowledges that he/she will have no interest, directly or indirectly, in the operation or profit of the business, as prescribed in Section §53.125(13) of the Liquor Control Act. Such individual shall not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as owner or in any way participate in the day to day operations in any capacity. Undersigned will also be waived of filing fingerprint cards, however, has disclosed any violation(s) on the application.

  
\_\_\_\_\_  
Signature of Spouse

SUBSCRIBED in my presence and sworn to before me this 29 day of sept, A.D., 2003



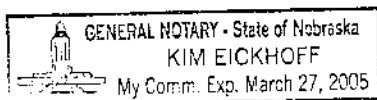
  
\_\_\_\_\_  
Signature of Notary Public

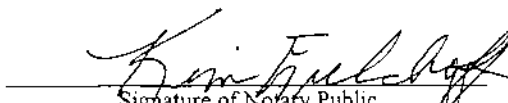
The licensee/applicant understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

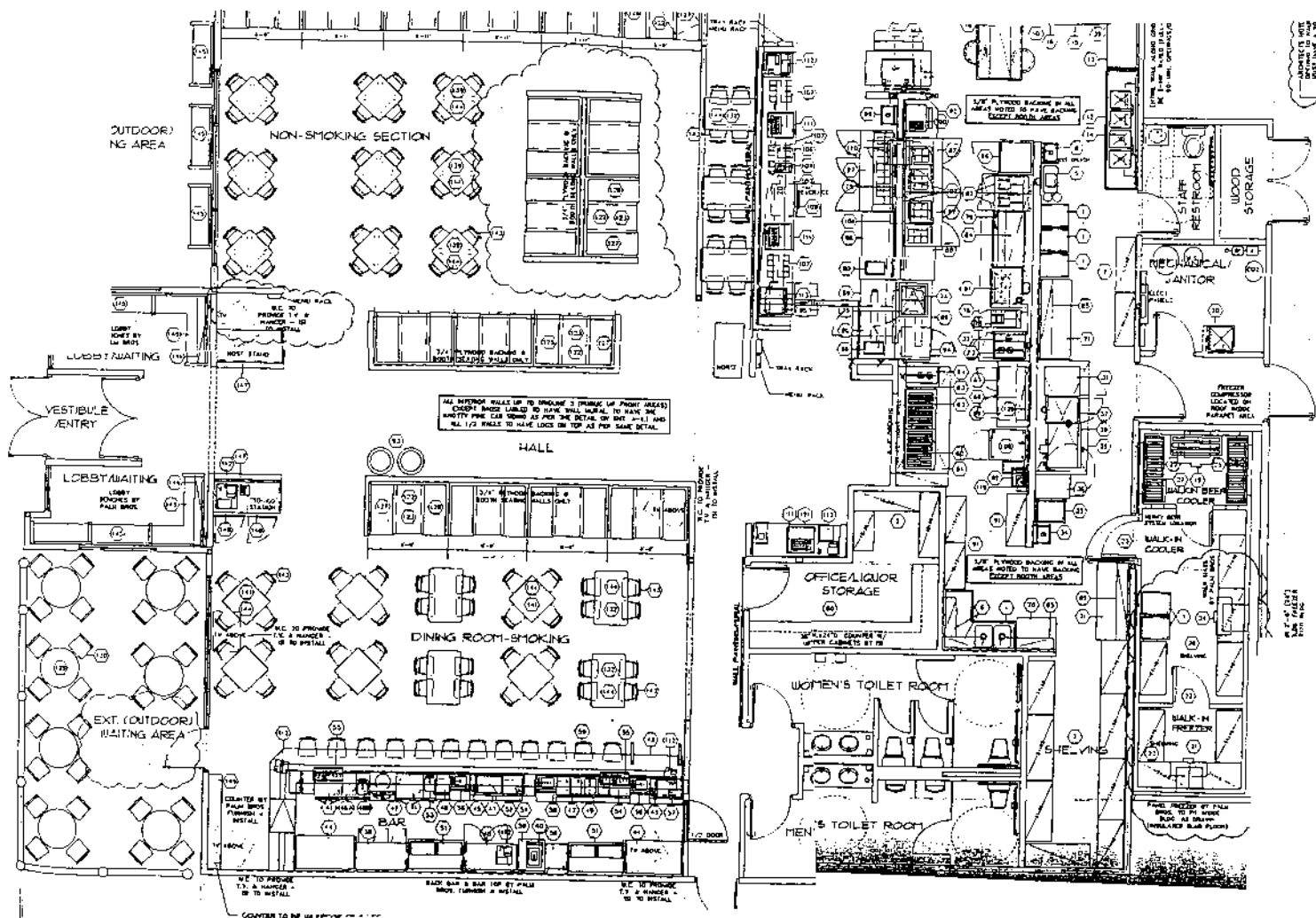
  
\_\_\_\_\_  
Signature of Licensee/Applicant

James K. Gardner, President of Wild West, Inc  
Print Name of Licensee/Applicant

SUBSCRIBED in my presence and sworn to before me this 29 day of sept, A.D., 2003.



  
\_\_\_\_\_  
Signature of Notary Public



Entire bldg. 94' x 68'  
 Plus patio area 24' x 14'

RECEIVED

OCT - 9 2003

NEBRASKA LIQUOR  
 CONTROL COMMISSION

**Current Liquor Licenses Held by James K. Gardner**

**Name of License Holder**

**Location**

**License Number**

**NEBRASKA**

Fremont Steak Company  
Nebraska Steak Company  
Kearney Steak Company  
Norfolk Steak Company  
North Platte Steak Company  
Scottsbluff Steak Company

Fremont, NE  
Grand Island, NE  
Kearney, NE  
Norfolk, NE  
North Platte, NE  
Scottsbluff, NE

44160  
39333  
35628  
42578  
39814  
48787

RECEIVED

OCT - 9 2003

NEBRASKA LIQUOR  
CONTROL COMMISSION

**KANSAS**

Old Town Steak Company  
Manhattan Steak Company

Wichita, KS  
Manhattan, KS

11794  
10-030-0614-01

**MISSOURI**

St. Joseph Steak Company

St. Joseph, MO

130275  
130276 (Sunday license)

**IOWA**

Sioux City Steak Company

Sioux City, IA

2003091-703-002

**ARIZONA**

Scottsdale Steak Company

Scottsdale, AZ

12075404

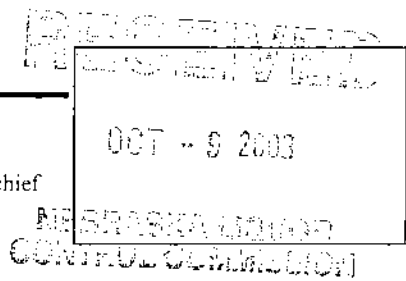
**FLORIDA**

Port Charlotte Steak Company

Port Charlotte, FL

BEV1801070

**Corporation/LLC Application for License - Form 3**  
Nebraska Liquor Control Commission



**INSTRUCTIONS:**

- Application and application for manager must be typewritten and submitted in triplicate
- Fingerprint cards (2 cards per person) must be submitted for: a) each stockholder owning over 25% of the stock, b) chief executive officer, c) proposed manager and d) all spouses
- Information regarding spouses must be completed
- Required areas marked by a red asterisk ( \* )

Name of Corporation That Will Hold License. **Attach copy of Articles of Incorporation** Total Number of Shares (if corporation)  
Lincoln Steak Company, L.L.C. \* N/A \*

Corporate Street Address Mailing address for receipt of Liquor Control Commission Mailings  
124 W. 25th Street, Suite C2 \* P.O. Box 1630 \*

Corporate Telephone Number City County State Zip Code  
308-234-2757 \* Kearney \* Buffalo \* NE \* 68848 \* - \*

Name of Registered Agent Name of Proposed Manager  
Thomas C. Huston \* Kelly Joe Maxfield \*

**IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER**

Name Title Date of Birth  
James K. Gardner \* Manager \* \* \*

Social Security Number Home Address (1) City  
\* 311 Huron Drive \* Kearney \*

State Zip Code Home Telephone Number  
NE \* 68847 \* - \* 308-234-1603 \*

**PRINCIPLE OFFICERS, DIRECTORS, STOCKHOLDERS, MEMBERS AND SPOUSES**

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name Wild West, Inc.			Sole Member
Spouse Name			
Partner Number of Shares / % 100	Spouse Number of Shares / %		
Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name James K. Gardner			President of Wild West
Spouse Name			



Susan J. Gardner			N/A
------------------	--	--	-----

Partner Number of Shares / %	0	Spouse Number of Shares / %	0
------------------------------	---	-----------------------------	---

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name			
Spouse Name			
Partner Number of Shares / %		Spouse Number of Shares / %	

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name			
Spouse Name			
Partner Number of Shares / %		Spouse Number of Shares / %	

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name			
Spouse Name			
Partner Number of Shares / %		Spouse Number of Shares / %	

(Necessary, Continue on Separate Sheet)

Is this Corporation/LLC controlled by another Corporation?  
Yes ☐ No ☒

Name of control Corporation

YES, LIST EACH STOCKHOLDER/MEMBER OWNING MORE THAN 25% stock/interest in that corporation/LCC. Any applicant who has a Corporation as a shareholder MUST file an organizational chart listing all shareholders and/or corporations owning more than 25% stock and listing of the percentage of

stock owned.

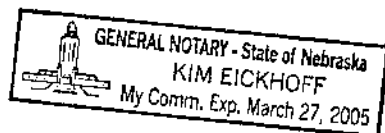
Please indicate below your corporate tax year with the IRS

Starting date: January 1 Ending date: December 31

State of Nebraska

Buffalo County

)  
) ss.  
)



Kim Eickhoff  
Notary Public Signature & Seal

By Samuel Hard  
President/Member

Gregory Gendron  
Secretary/Member

Verify Form and Print

FORM 35-4183  
REV. 02/01

**Application for Corporate Manager****\*Must Be A Nebraska Resident\*****Please submit in Triplicate****RECEIVED**

OCT - 9 2003

Return to: Nebraska Liquor Control Commission, PO Box 95046  
301 Centennial Mall So., Lincoln NE 68509

Phone: (402) 471-2571

Fax: (402) 471-2814

Web address: <http://www.nol.org/home/NLCC/>NEBRASKA LIQUOR  
CONTROL COMMISSION

Required areas marked by a red asterisk ( \* )

**LIQUOR LICENSE INFORMATION**

Name of Licensed Corporation

Lincoln Steak Company, L.L.C. \*

Class &amp; License number

Trade Name of Licensed Premise

Whiskey Creek Steakhouse \*

Street Address of Licensed Premise

6010 Pine Lake Road \*

City

Lincoln \*

Zip Code

68516 \*

County

Lancaster \*

On behalf of the corporation, I designate this individual as corporate manager.

Signature of Corporate President/CEO:

**APPLICANT INFORMATION (MUST BE 21 OR OVER)**

Full Name (Last, First, Middle, Maiden)

Maxfield, Kelly Joe \*

Sex \*

F

M

☐☒

Social Security Number

Date of Birth

\* \*

Place of Birth

Iowa City, Iowa \*

Home Street Address

655 NW 11th Circle \*

City

Lincoln \*

County

Lancaster \*

State

NE \*

Zip Code

68521 \*

Home Telephone Number

402-438-0582 \*

Business Telephone Number

402-423-4499 \*

Drivers License Number

\* \*

State

NE \*

Are You Married? \* Yes ☒ No ☐ If Yes, You must complete the following:

**SPOUSE'S INFORMATION**

Full Name (Last, First, Middle, Maiden)

Maxfield, Stephanie Burdette Schutt

Social Security Number

Drivers License Number

State

NE

Date of Birth

Place of Birth

Omaha, Nebraska

\* 1. READ CAREFULLY. Answer completely and accurately.

Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

Yes No

☐☒

\* 2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

Yes No

☐☒

\* 3. Have you or your spouse ever made a compromise settlement for violation of such laws?

Yes No

☐☒

\* 4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License?

Nebraska Liquor Control Act (§53-131.01)

Yes No

☒☐

\* 5. Have you filed fingerprint cards and **PROPER FEES** (if check, make out to the NE State Patrol), with this application?

Yes      No  
☒      ☐

**RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE**

	Year	
	From	To
Applicant: City & State		
Lincoln, Nebraska	1999	2003
Spouse: City & State		
Lincoln, Nebraska	1999	2003

	Year	
	From	To
Applicant: City & State		
Hastings, Nebraska	1993	1999
Spouse: City & State		
Hastings, Nebraska	1993	1999

	Year	
	From	To
Applicant: City & State		
Spouse: City & State		

	Year	
	From	To
Applicant: City & State		
Spouse: City & State		

## EMPLOYERS - LIST LAST TWO EMPLOYERS

Name of Employer Whiskey Creek Steakhouse	Year	
	From 2003	To 2003
Name of Supervisor Robby Yendra	Telephone Number 308-234-2757	

Name of Employer Applebee's	Year	
	From 1996	To 2003
Name of Supervisor Robert Marshall	Telephone Number 402-421-2551	

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NEBRASKA LIQUOR  
CONTROL COMMISSIONPERSONAL OATH AND CONSENT OF INVESTIGATION - MUST BE SIGNED BY  
APPLICANT & SPOUSE

STATE OF NEBRASKA )  
                                  ) SS  
COUNTY OF )

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, an affidavit may be filed.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and inaccurate.

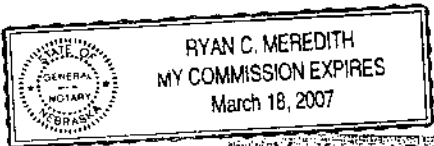
Signature of Applicant

Signature of Spouse

Subscribed in my presence and sworn to before me  
this 16<sup>th</sup> day of Sept 2003.

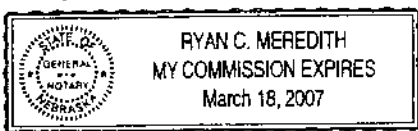
Subscribed in my presence and sworn to before me  
this 16<sup>th</sup> day of Sept 2003.

  
Notary Signature & Seal



Verify and Print

  
Notary Signature & Seal



FORM 35-4013  
REV. 8/01

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OCT - 9 2003  
NEBRASKA LIQUOR  
CONTROL COMMISSION

NEBRASKA LIQUOR CONTROL COMMISSION  
AFFIDAVIT OF NON PARTICIPATION

The undersigned individual acknowledges that he/she will have no interest, directly or indirectly, in the operation or profit of the business, as prescribed in Section §53.125(13) of the Liquor Control Act. Such individual shall not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as owner or in any way participate in the day to day operations in any capacity. Undersigned will also be waived of filing fingerprint cards, however, has disclosed any violation(s) on the application.

Stephanie Maxfield  
Signature of Spouse

RECEIVED  
OCT - 9 2003

SUBSCRIBED in my presence and sworn to before me this 16<sup>th</sup> day of Sept, A.D., 2003

NEBRASKA LIQUOR  
CONTROL COMMISSION

RYAN C. MEREDITH  
MY COMMISSION EXPIRES  
March 18, 2007

Ryan C. Meredith  
Signature of Notary Public

The licensee/applicant understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

James K. Gardner  
Signature of Licensee/Applicant

James K. Gardner, President of Wild West, Inc  
Print Name of Licensee/Applicant

SUBSCRIBED in my presence and sworn to before me this 29 day of Sept, A.D., 2003.

GENERAL NOTARY - State of Nebraska  
KIM EICKHOFF  
My Comm. Exp. March 27, 2005

Kim Eickhoff  
Signature of Notary Public